

## Emergency contraception

GLOBAL MARK			
CLEAR PASS	BORDERLINE PASS	BORDERLINE FAIL	FAIL

### Criteria

Introduces Self, confirms patient identify, Washes hands,	2, 1
Offers analgesia, ensures comfort of patient	2
Explores circumstances of request in a non-judgemental way Screens for sexual assault Domestic violence	2
Explores suitability  When was the sex?  LMP ? – if 2 weeks ago, may have ovulated.  IUD – up to 5 days post intercourse. CI if current STI, 28 days post childbirth  Levonorgestrel – up to 72 hours.  Ulipristal acetate – CI if asthma, on enzyme inducers, if missed pills. Up to 120 hours.  Tablet therapies stop you ovulating. IF you have already ovulated you oral therapies are likely to be less effective.  PMH – enzyme inducers  Enzyme inducers -PC BRAS Phenyotin, Crbamazepine, Barbiturates, Rifampicin, Alcohol, Sulfapyrazine	2
Offers choices:  Most effective method is copper IUD Failure <0.1%  If <72 hrs can use levonogestrell 1.5mg (or 3mg if on enzyme inducers or BMI >26 or weight >70kg) Failure rate slightly more than 1%  Ulipristal acetate – CI if asthma, on enzyme inducers, if missed pills. Up to 120 hours. Failure rate 1%. CANNOT USE IF BREAST FEEDING 1 week.	2

Advices If vomits in next two hours needs to return. Follow up with GP in 3/52 if not menstruating Risk of ectopic pregnancy, so return if abdo pain Contact GUM Consider long term/additional contraception  Oral contraception can cause headaches, nausea, and sometimes vomiting.	2
Elicits questions	
Thanks patient	

Tom Bircher 2019